

**The Crossroads Center  
Healthy Community Partners Project  
Cincinnati, Ohio  
TI14413**

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**B&D ID**

22702

## **PROJECT DESCRIPTION**

**Expansion or Enhancement Grant**—Enhancement and Expansion

**Program Area Affiliation**—Reducing Disparities (African American adults and children)

**Congressional District and Congressperson**—Ohio 2; Steve Chabot

**Public Health Region**—V

**Purpose, Goals, and Objectives**—The primary purpose of the present grant application is to address areas of unmet needs such as lack of substance abuse services that target persons living with HIV/AIDS in the Cincinnati empowerment zone, lack of secondary prevention services to prevent further HIV infection, and the cultural needs in the Cincinnati EZ. (pages 8–9) More specifically, the goals include (1) expanding the current program capacity to include more extensive and culturally appropriate substance abuse treatment services; (2) enhancing services by developing a culturally competent substance abuse program; (3) increasing participant awareness of substance abuse services and willingness to access services; (4) determining the effectiveness of a substance abuse treatment program for African Americans living with HIV and their family members; and (5) disseminating the overall treatment model and its effectiveness. (page 12)

**Target Population**—The target population for the proposed project is adolescents ages 12–17; women, including their children; men who have sex with men; and homeless persons with co-occurring problems of HIV disease and substance abuse. (page 11)

**Geographic Service Area**—The proposed services will serve the targeted population living in the Cincinnati EZ. More specifically, the targeted area will be nine neighborhoods in both downtown and uptown sections of Cincinnati. (page 11)

**Drugs Addressed**—Drugs to be addressed are not specified.

**Theoretical Model**—Through integration, the proposed substance abuse treatment program will use the following modalities: (1) outreach and education, (2) case management, (3) substance abuse treatment and HIV-related services, (4) psychotherapy, (5) residential treatment, (6) non-traditional services, and (7) social services. (page 19)

**Type of Applicant**—Not-for-profit

## **SERVICE PROVIDER STRUCTURE**

**Service Organizational Structure**—Crossroads is a CBO supported through multiple funding sources including private foundations, the State of Ohio, County Mental Health Board, County Alcohol and Drug Addiction Board, city of Cincinnati, Medicaid, and CSAT. (page 30)

**Service Providers**—The Crossroads Center is the lead agency. The provider network includes the following: AIDS Volunteers of Cincinnati (AVOC), Center for Chemical Addictions Treatment Center (CCAT), Community Health Board of Hamilton County (CCHB), Glad House, NORCEN Behavioral Health Systems, Spiritual Applications for Recovery Addicts—Individual

Recovery Plan (SARA-IRP), Talbert House, Three Square Music Foundations, Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP), and University of Cincinnati Medical Center's Infectious Disease Center (IDC). (page 26).

**Services Provided**—The array of services to be provided includes case management, treatment planning, psycho-educational groups, counseling, peer support groups, peer counseling, family therapy, children's services, substance abuse inpatient and residential treatment, outpatient substance abuse treatment, and nontraditional services. (pages 21–22)

**Service Setting**—Substance abuse treatment services will be delivered at the 12 community-based sites. (abstract)

**Number of Persons Served**—The project targets a minimum of 190 African American men and women as well as 60 male and female adolescents. (abstract)

**Desired Project Outputs**—The desired project outcomes is that clients will (1) engage and maintain culturally appropriate, competent substance abuse treatment, (2) improve health and psychological functioning, (3) reduce substance abuse and related consequences, (4) reduce HIV risk behaviors, (4) increase safe and stable housing, (5) improve self-sufficiency, including employment (6) improve social support and functioning, (7) decrease utilization of hospital emergency and inpatient services for substance abuse. (page 17)

**Consumer Involvement**—The target population will be involved in the data interpretation and recommendation process through participation in the provider network group meetings. Obtaining regular feedback from members of the target population, whether clients, staff, or other key stakeholders, on interpretation of evaluation findings is a critical element in ensuring the relevance of the evaluation to the program and community. (page 25)

## EVALUATION

**Strategy and Design**—Data will be collected upon initial referral, during the intake assessment process, and periodically thereafter. The second set of data to be collected is the self-report assessment tool identified as the Wellness Inventory, to be completed at baseline and 6- and 12-month follow-up. Current data collection procedures will be modified to incorporate local and cross-site evaluation requirements. To evaluate the model substance abuse treatment program for African American clients living with or at risk for HIV and their families, a detailed process and outcome evaluation will be implemented. (page 22)

**Evaluation Goals/Desired Results**—The demonstrable outcomes under this proposal include (1) engage and maintain culturally appropriate, competent substance abuse treatment, (2) improve health and psychological functioning, (3) reduce substance abuse and related consequences, (4) reduce HIV risk behaviors, (5) increase safe and stable housing, (6) improve self-sufficiency, including employment, (7) improve social support and functioning, and (8) decrease utilization of hospital emergency and inpatient services for substance abuse. (page 24)

**Evaluation Questions and Variables**—The local evaluation will address the following major questions concerning to what extent (1) the program enrolled, engaged, and retained the target population, (2) the program identified, implemented, and provided culturally appropriate/competent substance abuse treatment, (3) the program was implemented as planned, (4) the clients sought help for substance abuse problems in the past, and how previous help-

seeking behavior impacts client outcome, (5) the program linked the target group of clients to needed services and (6) clients demonstrate outcomes, including improvements in desired goals. (page 23)

**Instruments and Data Management**—The instruments to be utilized in this grant proposal include GPRA, Supplemental indicators (intake and 6- and 12-month follow-up), CES-D, and risky behavior. (page 24)